

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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50						
TOTAL IND.	1					
TOTAL DEP.	2C					
TOTAL CLAIMS	27					

SERIAL NO.		FILING DATE
APPLICANT(S)		
CLAIMS		
IND		DEP
51		
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		